

2017 Premium Rate Sheet for Central States Plan 4L
Teamsters 554

2017 Premium Rate Sheet for CENTRAL STATES PLAN 4L TEAMSTERS 554					
Plan	Class of Coverage	2017 Total Premium	Amount Paid By County	Employee Monthly Premium	Employee Bi- Monthly Deduction
	Medical-Dental-Life-Short-Term Disability				
	Employee Only	\$659.10	\$ 612.96	\$ 46.14	\$ 22.77
	Employee + Child	\$853.23	\$ 725.25	\$ 127.98	\$ 66.66
	Employee + Spouse	\$1,332.50	\$1,132.63	\$ 199.88	\$ 103.16
	Employee + Family	\$1,850.33	\$1,572.78	\$ 277.55	\$ 133.94